

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	HHS TAYONG	196801-	04-03-01
FORMALITY REVIEW	HHS	866	05-31-01
RESPONSE FORMALITY REVIEW	HHS HHS	1100 1074	9-8-01 01-04-01

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
✓	Allowed	I	Interference
✓	(Through numeral) Canceled	A	Appeal
✓	Restricted	O	Objected

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
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